



**St. Stephen's CE Primary School**

**Wraparound Care**

**Parental contract and booking form**

**AGREEMENT**

As the parent/carer of:

*(Child's name)*.....

I have received a copy of the information and contract rules booklet and have read and understood the terms and conditions and agree to adhere to them.

This provision is offered in accordance with the Equality Act 2010, which avoids discrimination and promotes equality with regard to the 'protected characteristics'.

By signing this document you are agreeing to staff seeking any necessary emergency medical advice or treatment during their time at St Stephen's CE Wraparound Care Club.

Name:.....

Relationship to child: .....

Signature:.....

Print name .....

Date .....

*FOR OFFICE USE ONLY*

Signed .....on behalf of St. Stephen's CE Primary School

Print Name .....

Date .....

**NB: If you have more than one child, we require a completed form for each child.**

**Please complete the booking form overleaf for the sessions you require for next term/**